Texas Department of Aging
and Disability Services

Form 8005
August 2012

ICF/IID Nursing Supervision For Unlicensed Assistive Personnel (UAP)

(Example Form)

Individual's Name	Today's Date/Frequency of Supervision

Describe changes since last visit:

Delegated tasks as described in the nursing care instructions observed today:

Other care instructions monitored today:

Additional training/reinforcement provided:

Individual's satisfaction with care, if assessed:

Unlicensed Assistive Personnel

Print Name	Signature	Date

	Only complete if RN personally supervised
LVN Supervision Initials _____	Continued Competency RN initials _____ Delegation Revoked RN initials _____

RN	Print Name	Signature	Date

LVN	Print Name	Signature	Date